

Application Number: _____
(To be filled in by the office)

INDUSIND TWO WHEELER PACKAGE POLICY - PROPOSAL FORM

Note: 1) Please complete all sections in capitals & tick boxes wherever applicable. 3) Failure to disclose facts material to assessment of the risk or providing misleading information shall render the contract void. 4) Geographical Area of operation: INDIA.

Is the Vehicle Made in India Yes No

Term of Policy: 1 Year Own Damage and, 1 Year Third Party Liability

For Office Use Only

Proposal Form Date	D D / M M / Y Y Y Y		
Inspection Lead Number			
Intermediary Name		Code	
Branch Name		Code	
Sales Manager Name		Code	

TO BE FILLED IN BY THE CUSTOMER

Type of Policy	<input type="checkbox"/> Used <input type="checkbox"/> Renewal <input type="checkbox"/> Rollover <input type="checkbox"/> Endorsement
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DETAILS OF VEHICLE TYPE

VEHICLE MAKE	VEHICLE MODEL & VARIANT	CUBIC CAPACITY	RTO AUTHORITY	VEHICLE REGISTRATION NUMBER	DATE OF REGISTRATION
					D D / M M / Y Y Y Y

Engine Number / EV Motor Number: (Please fill in complete number)		Chassis Number: (Please fill in complete number)	
EV Battery Number (Please fill in complete number):		EV Battery Capacity in kWh:	
EV Charger Number (Please fill in complete number):		No. of Drivers (apart from Self)	
Does the Vehicle have PUC	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Purchase of the Vehicle by the proposer:	D D / M M / Y Y Y Y
Vehicle Driven By:	<input type="checkbox"/> Self <input type="checkbox"/> Driver	Whether the vehicle at the time of purchase was	<input type="checkbox"/> New <input type="checkbox"/> Second Hand
Fast Tag ID		Vehicle Fuel Type	<input type="checkbox"/> Petrol <input type="checkbox"/> Electric

Insured's Declared Value (IDV) of vehicle Chassis Body	Non - electrical accessories fitted to the vehicle (₹)	Electronic accessories fitted to the vehicle (₹)	Side car (two wheeler) (₹)	Total Value (₹)



DETAILS OF THE PROPOSER

Insured Type	<input type="checkbox"/> Individual <input type="checkbox"/> Company	
Insureds Full Name	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> M/S. (If Company is selected above)	
Address	Permanent Address	Correspondence Address (Where vehicle is going to be kept)
Flat / Building:		
Street/Road/Sector		
Area/Village/Taluka		
Landmark		
City		
Pin Code		
State		
Landline		
Mobile		
#Email		
Source of Funds	<input type="checkbox"/> Business <input type="checkbox"/> Profession <input type="checkbox"/> Salary <input type="checkbox"/> Agricultural Income <input type="checkbox"/> Savings <input type="checkbox"/> Others	
Do you have a GST Registration Number	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, please specify		
Where do you park your vehicle?	<input type="checkbox"/> Road Side Parking <input type="checkbox"/> Open Garage Parking <input type="checkbox"/> Pay and Park <input type="checkbox"/> Open with Residential Compound <input type="checkbox"/> Stilt Parking	
Are you an existing IndusInd General Insurance Customer?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Please provide the Policy No.:	
Period of Insurance (Own Damage)	From Hrs of: DD/MM/YYYY HH/MM To Mid Night of: DD/MM/YYYY HH/MM	
Period of Insurance (Third Party Liability)	From Hrs of: DD/MM/YYYY HH/MM To Mid Night of: DD/MM/YYYY HH/MM	
Related Party	<input type="checkbox"/> Yes <input type="checkbox"/> No	
The Policy copy and all related documents shall be sent to the email ID provided above. If you wish to receive the Policy copy and related documents in physical form to the aforesaid communication address, please drop us an email at [RGI email address].		
Note: Cover will commence not earlier than the date & time of acceptance of risk and subsequent to the payment of premium by the insured to the company and realization thereof by the Company		

CKYC DETAILS – SECTION I

Date of Birth	DD/MM/YYYY	
Pan No. Available	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Please Provide PAN No.:
If PAN No. Not available (Only Applicable for individuals)	Please attach Form 60 duly signed & attested.	

INSURED'S CKYC DETAILS – SECTION II (Individuals)

CKYC No.: Available	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Please Provide CKYC No.:
If CKYC Number is not available:	Please attach any one of the following documents with self-attestation. Please tick on the document that you are attaching: 1. <input type="checkbox"/> Driving License 2. <input type="checkbox"/> Passport 3. <input type="checkbox"/> Voter ID	

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INSURED'S CKYC DETAILS – SECTION III (Other than Individuals)

CKYC No.: Available	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Please Provide CKYC No.:
Date of Incorporation	DD/MM/YYYY	
If CKYC Number is not available:	Please attach any one of the following documents with self-attestation. Please tick on the document that is being attached: 1. <input type="checkbox"/> Certificate of Incorporation 2. <input type="checkbox"/> Memorandum and Articles of Association 3. <input type="checkbox"/> Registration Certificate (Partnership Firms) 4. <input type="checkbox"/> Partnership Deed (Partnership Firms) 5. <input type="checkbox"/> Trust Deed (Trusts and Foundations)	

INSURED'S CKYC DETAILS – SECTION IV

If Name and Address is not the same as per the attached documents
Please Submit a declaration stating the Name and the Address is of the same person (Please find attached the Annexure – II for the same)

ADD ON COVERS (SUBJECT TO AVAILABILITY AND ELIGIBILITY)

a. Nil Depreciation Cover	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Limit Sure - Pay as you Drive	<input type="checkbox"/> (Annual Limit of 8500 kms) <input type="checkbox"/> No Odometer Reading on Risk Start Date _____ KM Inspection Lead Number: _____
c. Easy Monthly Installment Cover	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please choose any one option <input type="checkbox"/> Plan I - 1 EMI, EMI Amount: ₹ _____ <input type="checkbox"/> Plan II - 2 EMIs, EMI Amount: ₹ _____ <input type="checkbox"/> Plan III - 3 EMIs, EMI Amount: ₹ _____
d. Battery Protection Cover	<input type="checkbox"/> Yes <input type="checkbox"/> No Primary Battery Serial Number: Do you want to cover additional Battery <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes: Secondary Battery Serial Number
No. of Claims:	Maximum _____ claims shall be admissible in a Policy Year
Depreciation to be covered:	<input type="checkbox"/> Same as Base Policy <input type="checkbox"/> _____ % per annum
e. Electric Motor Protect Cover	<input type="checkbox"/> Yes <input type="checkbox"/> No
No. of Claims	_____ Maximum _____ claims shall be admissible in a Policy Year
Depreciation to be covered:	<input type="checkbox"/> Same as Base Policy <input type="checkbox"/> _____ % per annum
f. EV Charger Cover	<input type="checkbox"/> Yes <input type="checkbox"/> No
No. of Claims:	_____ Maximum _____ claims shall be admissible in a Policy Year
Depreciation to be covered:	<input type="checkbox"/> Same as Base Policy <input type="checkbox"/> _____ % per annum
g. Return to Invoice	<input type="checkbox"/> Yes <input type="checkbox"/> No Road Tax Amount Paid: ₹ _____ Registration Charges Paid: ₹ _____ Do you have invoice of vehicle: <input type="checkbox"/> Yes <input type="checkbox"/> No Invoice value of vehicle: ₹ _____
h. Helmet Cover	<input type="checkbox"/> Yes <input type="checkbox"/> No
i. Assistance Cover	<input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, Please Refer Annexure 1 for more details)

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j. Hospital Cash Cover Sum Insured: No. of Days Convalescence Benefit SI	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> ₹1000 <input type="checkbox"/> ₹2000 <input type="checkbox"/> ₹3000 <input type="checkbox"/> ₹4000 <input type="checkbox"/> ₹5000 <input type="checkbox"/> 5 <input type="checkbox"/> 10 <input type="checkbox"/> 15 <input type="checkbox"/> 20 <input type="checkbox"/> 25 <input type="checkbox"/> 30 <input type="checkbox"/> ₹5000 <input type="checkbox"/> ₹15000
k. Consumable Cover	<input type="checkbox"/> Yes <input type="checkbox"/> No
l. Engine Protect Cover	<input type="checkbox"/> Yes <input type="checkbox"/> No
m. Daily Allowance Benefit Plus Per Day Allowance Coverage Days Opted	<input type="checkbox"/> Yes <input type="checkbox"/> No ₹ _____ (Can only be opted for ₹100 or multiple of ₹100) <input type="checkbox"/> 7 <input type="checkbox"/> 10 <input type="checkbox"/> 15 <input type="checkbox"/> 20 <input type="checkbox"/> 25 <input type="checkbox"/> 30
n. Voluntary Deductible Voluntary Deductible Amount Opted	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> ₹500 <input type="checkbox"/> ₹750 <input type="checkbox"/> ₹1000 <input type="checkbox"/> ₹1500 <input type="checkbox"/> ₹3000
o. NCB Retention Cover	<input type="checkbox"/> Yes <input type="checkbox"/> No
p. Key Protect Cover	<input type="checkbox"/> Yes <input type="checkbox"/> No
q. Tyre Protector (Applicable only for Annual Policy) Specifications of Tyres & Tubes	<input type="checkbox"/> Yes <input type="checkbox"/> No No Claim Bonus Retention Applicable <input type="checkbox"/> Yes <input type="checkbox"/> No Width in mm: _____ Aspect Ratio: _____ Tyre Serial Number: 1 _____ 2 _____
r. Rim Protector Specifications of Rims	<input type="checkbox"/> Yes <input type="checkbox"/> No No Claim Bonus Retention Applicable <input type="checkbox"/> Yes <input type="checkbox"/> No Width in mm: _____ Aspect Ratio: _____ Rim 1 Serial Number: _____ Rim 2 Serial Number: _____
1. Whether the Vehicle is fitted with Fibre glass tank?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Is the vehicle fitted with any Anti-theft device?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Are you a member of Automobile Association of India ? If yes, please submit membership copy.	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Whether the Vehicle is used for Driving Tuitions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Whether use of Vehicle is limited to Own Premises? (Only if not Licensed for General Road use by RTO).	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Whether the Vehicle belongs to the Embassy/Consulate of a Foreign Country? If so, is the duty element included in the IDV?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Date of purchase of the Vehicle by the Proposer	DD / MM / YYYY
8. Whether the Vehicle at the time of purchase was	<input type="checkbox"/> New <input type="checkbox"/> Second Hand
Whether the Vehicle is design for use of Blind/Handicapped/ Mentally Challenged Person? (Attach self – attested RC Copy)	<input type="checkbox"/> Yes <input type="checkbox"/> No

PERSONAL ACCIDENT COVER SECTION

Do you want to include Personal Accident Cover: Yes No

If Yes, Please give details of nomination

Name	Name of Nominee	Age of Nominee	Name of Appointee (if Nominee is Minor)	Relationship	Address

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- (Note:** 1. Personal Accident cover for owner driver is compulsory for Sum Insured of ₹15,00,000/- for Two Wheeler, Private Car, GCV, PCV and Misc-D
2. Compulsory PA cover for owner driver cannot be granted where a vehicle is owned by a company, a partnership firm or a similar body corporate or where the owner-driver does not hold an effective driving license)

If No, Please tick on the option below:

- Owner / Driver has an existing Personal Accident Cover against Death and Permanent Disability (Total and Partial) for Sum Insured of at ₹15 lakhs
 Owner does not have a valid Driving License
 The insured vehicle is not owned by an individual

Do you wish to cover Legal Liability to?

- a) Driver Yes No
b) Other Employees Yes No
c) Unnamed Passengers Yes No

Do you wish to include Personal Accident (P.A.) Cover for Named persons? (optional) Yes No

If yes, give name and Capital Sum Insured (CSI) opted for. The maximum CSI available per person is Rs. 1 lakh in the case of Two Wheeler

Name	CSI Opted (₹)	Nominee	Relationship

Do you wish to include P.A. Cover for unnamed persons/hirer/pillion passengers (two wheelers)? Yes No

If yes, give the number of persons and Capital Sum Insured (CSI) opted. The maximum CSI available per person is Rs. 1 lakh in the case of Two Wheeler

Name	CSI Opted (₹)	Nominee	Relationship

DETAILS OF HIRE PURCHASE / HYPOTHECATION / LEASE

Please state if the vehicle is under Hire purchase Lease Agreement Hypothecation Agreement

If so, give name and address of concerned parties.

Full Name _____ M/s. _____

Address _____

OTHER DETAILS

Extension of Geographical Area: Whether extension of Geographical Area to the following countries required? Bangladesh Bhutan Maldives Nepal Pakistan Sri Lanka

Is the Vehicle in good condition? Yes No

If "No" Please give Full Details _____

Any Other Material facts relevant for this Insurance? _____

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DETAILS OF PREVIOUS INSURANCE

Full Name of Previous Insurer			
Address			
Type of Policy	<input type="checkbox"/> Package Policy <input type="checkbox"/> Liability <input type="checkbox"/> Bundled <input type="checkbox"/> SAOD <input type="checkbox"/> Long Term		
Previous Own Damage Policy Number		Previous Own Damage Policy Expiry Date	DD / MM / YYYY
Claims taken in previous policy	<input type="checkbox"/> Yes <input type="checkbox"/> No	No Claim Allowed under previous policy	_____ %
If Yes, No. of Claims		Claimed Amount:	₹ _____
Previous Third Party Insurer Name			
Previous Third Party Liability Policy Number		Previous Third Party Liability Policy Expiry Date	DD / MM / YYYY

RISK DETAILS

Has any insurance company ever	<input type="checkbox"/> Declined your proposal <input type="checkbox"/> Required an increase in premium <input type="checkbox"/> Cancelled of Refused Renewal <input type="checkbox"/> Imposed Special Condition or Excess		
Does the driver suffer from defective vision or hearing or any physical infirmity	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Please give Details	
Has the driver ever been involved or convicted for causing any accident involving third party loss			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, Please give details as under including the pending prosecution if any:			
Drivers Name	Date of Accident	Circumstances of Accident	Loss / Cost
Driving Experience	_____ Years	Type of Driving License	
Change of Vehicle ownership in previous policy:	<input type="checkbox"/> Yes <input type="checkbox"/> No		

PAYMENT DETAILS

<input type="checkbox"/> Cash <input type="checkbox"/> Credit Card <input type="checkbox"/> Others <input type="checkbox"/> Cheque <input type="checkbox"/> DD	Cheque / DD No.
Cheque/DD Date	DD / MM / YYYY

PROPOSER'S BANK DETAILS (In Case of Refund)

Name of the Bank Account Holder	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. F I R S T M I D D L E L A S T		
Bank Account No.:		Account Type:	<input type="checkbox"/> Saving <input type="checkbox"/> Current
Name of the Bank			
Branch			
IFSC Code (11 character code appearing on your cheque leaf)			
<input type="checkbox"/> I understand that any refund due on the premium payment / any payment / claims to be directly credited to my aforesaid Bank Account.* <small>*As per IRDAI, its mandatory that all payments made to the insured are only through electronic mode. *Please attach a copy of signed cancelled cheque of the Bank Account of the insured only</small>			

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NOMINEE'S DETAILS. PLEASE GIVE DETAILS OF NOMINATION

Name of the Nominee	Age of Nominee	Name of the Appointee (if Nominee is Minor)	% of Claim	Relationship	Address	Mobile	E-Mail

Nominee's Bank DetailsName of the Bank Account Holder Mr. Mrs. Ms. F I R S T M I D D L E L A S TBank Account No.: Account: Saving Current

Name of the Bank

Branch

MICR Code (9 digit MICR code number of the bank and branch appearing on the cheque issued by the bank)

IFSC Code (11 character code appearing on your cheque leaf)

 I understand that any refund due on the premium payment / any payment / claims to be directly credited to my aforesaid Bank Account.*

*As per IRDAI, its mandatory that all payments made to the insured are only through electronic mode.

GENERAL DECLARATION:

I understand that as per the new AML/CFT Guidelines issued, IndusInd General Insurance Co. Ltd will be verifying my details pertaining to KYC and PAN provided at the time of proposal.

I further, do hereby agree and consent that in the case of the event of a mismatch of information provided by me in the proposal form, identification proof, and address proof at the time of issuance of the policy. I request IndusInd General Insurance Company Limited to issue the policy with the details appearing as per my proposal form. I will be solely responsible for any consequences arising out of the difference in detail given by me during the verification of supporting documents provided by me at the time of issuance of the policy or otherwise.

AML GUIDELINES

"I/ We hereby confirm that all premiums have been/ will be paid from bonafide sources and no premium have been/ will be paid out of the proceeds of crime related to any of the offence listed in Prevention of Money Laundering Act 2002. I understand that the company has the right to call for the documents to establish source of funds. The insurance company has the right to cancel the insurance contract in case I am/ have been found guilty by any competent court of law under any of the statues, directly/ indirectly governing the prevention of Money Laundering in India.

Nationality: Indian Non- Indian, If Non Indian please specify the countryType of Organization: Corporations Government Non Government Organizations Society Trust Partnership International Organization Cooperatives Section 25 companies**PEP DECLARATION:**Are you a Politically Exposed Person (PEP)? Yes No

If yes, please mention the position held

Is any of your close relation or family member a PEP? Yes No

If yes, please mention the name and relation and the position held by such close relative/family member.

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I hereby declare that in future if me, any of my close relatives or any of my family member attains a position of PEP then I shall confirm the same to IndusInd General Insurance Co. Ltd as a mandate. I understand that this is a crucial information under the PMLA Rules and AML/CFT Guidelines and shall confirm that the answers given by me is true. In case the company comes to know that this is a misrepresentation and concealment of information then the policy shall be put on hold for scrutiny by the company and I shall be solely responsible for the same.

Note :

"Politically Exposed Persons" (PEPs) shall have the meaning assigned to it under sub clause (db) of clause (1) of Rule 2 of the Prevention of Money Laundering (Maintenance of Records) Rules, 2005."

(db) "Politically Exposed Persons" (PEPs) are individuals who have been entrusted with prominent public functions by a foreign country, including the heads of States or Governments, senior politicians, senior government or judicial or military officers, senior executives of state-owned corporations and important political party officials".

DECLARATION BY PROPOSER

I/We hereby declare that the statements made by me/us in this Proposal Form are true to the best of my/our knowledge and belief and I/We hereby agree that this declaration shall form the basis of the contract between me/us and IndusInd General Insurance Company Limited. I/We also declare that, if any additions or alterations are carried out after the submission of this proposal form, then the same would be conveyed to the insurers immediately. I/We hereby declare that the contents of the form and documents have been fully explained to me/us and that I/We have fully understood the significance of the proposed contract. I/We agree to accept a policy subject to the condition prescribed by the company.

- I have read and understood the brochure, prospectus, sales literature & Policy wordings and confirm to abide by the same.
- I/We declare that the rate of NCB stated above by me/us is correct and that no claim has arisen in the expiring policy (copy of the policy enclosed). I/We further undertake that, if this declaration is found to be incorrect, all benefits under the policy in respect of section I of the policy will stand forfeited.
- I/We further understand and agree that IndusInd General Insurance will seek confirmation of above stated details from my/our previous insurers. Pending receipt of necessary confirmation, I/We agree that, though coverage under the policy will be available to me/us, IndusInd General Insurance will be liable to release the payment towards any claims under section I of the policy only after a confirmation in this regard is received. In the event this declaration is found to be incorrect, any and all coverage available under section I of the policy from the date of commencement of the policy shall stand automatically forfeited. Further, any survey arranged/ allowed by IndusInd General Insurance of the motor vehicle, pending confirmation of the declaration from my/our previous insurers, shall be without prejudice to any of the rights and remedies available to IndusInd General Insurance as contained herein and under the relevant laws and regulations.
- I/We acknowledge and agree that, Pending receipt of confirmation of the declaration from my/our previous insurers, the "cash-less repair facility" provided by IndusInd General Insurance shall stand suspended.
- I/We also shall endeavour to procure the renewal notice and pass on the same to IndusInd General Insurance immediately upon the receipt of such renewal notice. Mode of Payment: Secure your payment by cheque/DD favouring IndusInd General Insurance Co.Ltd. This policy shall be voidable at the option of the Company in the event of mis-representation, mis-description or non-disclosure of any material particulars by the Proposer. Any person who, knowingly and with intent to defraud the Insurance Company or other persons, files a proposal for insurance containing any false information, or conceals for the purpose of misleading, information, information concerning any fact material thereto, commits a fraudulent act which will render the policy voidable at the company's sole discretion and result in a denial of insurance benefits.
- I/We here by state that the above mentioned address shall be taken as address on record for the purpose of GST.
- I/We hereby confirm that the contents of the proposal form and connected documents have been fully explained to me/us and I/We have fully understood the significance of the proposed contract

This proposal form was completed by

Name: _____

Place: _____

Date: DD/MM/YYYY

Signature of Proposer

Signature of Proposer & Company Seal



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PROHIBITION OF REBATES - SECTION 41 OF THE INSURANCE ACT, 1938 AS AMENDED BY INSURANCE LAWS (AMENDMENT) ACT, 2015.

1. No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectuses or tables of the insurer.
2. Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakh rupees.

Supporting Confirmation of Agent/Broker/SM/CSO

I confirm the above signature to be of the registered owner of the vehicle proposed for insurance

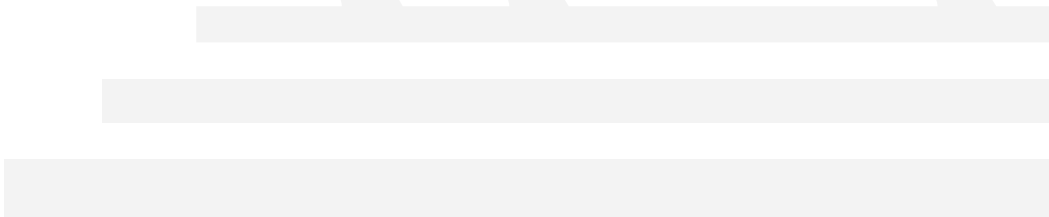
Name of IRDAI Agent/Broker: Mr. Ms. Mrs. F I R S T M I D D L E L A S T

Place: _____

Date: D D / M M / Y Y Y Y

(In case of Direct Business, Name & Signature of CSO / SM to be taken)

Signature of IRDAI Agent/Broker



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Annexure 1 – Assistance Covers Section						
Section	Covers	Sub Section	Coverage Selection (Please tick to select)	Coverage Radius	Sum Insured/ Limits	Criteria
1	24/7 Road Side Assistance (Mandatory)					
1.1	Emergency Towing	Accidental towing services Breakdown Towing services Towing or Battery Generator for EV Battery drainage and/or Malfunction	Mandatory	_____ kms	Not Applicable	Minimum of 25 km with multiples of 5 km.
1.2	On-Site Assistance	Minor Repair Flat Battery or Jump Start Spare Key Retrieval and or Services of Keys Locked inside Service of Flat Tyre				
2	Fuelling Service (Optional)					
2.1	Emergency Fuel	Fuel Delivery		_____ kms	Not Applicable	Minimum of 25 km with multiples of 5 km
2.2	Wrong Fuelling	Towing of the insured vehicle Expenses for Draining and Flushing the fuel tank	Yes / No		Not Applicable	INR _____, Max of 2 claims in a policy period Minimum of INR 5000 with multiples of INR 1000
3	Emergency Medical Assistance (Optional)					
3.1	Medical Assistance	Ambulance contact, Medical facility contact, Emergency Message Transmission Assistance			Max of 2 contacts	-
3.2	Emergency Road Ambulance Service	Emergency Road Ambulance Service	Yes / No		INR _____	Minimum of INR 3000 with multiples of INR 1000
3.3	Emergency Air Ambulance Service	Emergency Air Ambulance Service	Yes / No		INR _____	Options available 1 lakh and multiples thereof 1 lakh
3.4	Blood Transfusion Services	Reimbursement towards Blood Transfusion	Yes / No		Not Applicable	Minimum of INR 5000 with multiples of INR 1000
3.5	Transportation Benefit	Radio Cab expenses for nearest Hospital	Yes / No		INR _____	Minimum of INR 2000 with multiples of INR 1000
3.6	Accidental Medical Expenses	Hospitalization expenses	Yes / No		INR _____, for _____ passengers including driver, on floater basis	Options available: INR 1 lakh, 2.5 lakh, 5 lakh

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IRDAI Registration No. 103 IndusInd General Insurance Company Limited (Formerly known as Reliance General Insurance). An ISO 9001:2015 Certified Company For complete details on the benefits, coverage, terms & conditions and exclusions, do read the sales brochure, prospectus and policy wordings carefully before concluding sale. Registered & Corporate Office: 6th Floor, Oberoi Commerz, International Business Park, Oberoi Garden City, Off. Western Express Highway, Goregaon (E), Mumbai-400063. Corporate Identity Number: U66603MH2000PLC128300. IndusInd Two Wheeler Package Policy. UIN NO.: IRDAN103RP0011V02100001. IGI/MCOM/CO/MOT-02/ITW-ADD-ON/PF/Ver. 1.2/300126.



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3.7	Companion Accommodation	Companion Hotel Stay expenses during Hospitalization of minimum 24 hours	Yes / No		INR_____ per Policy Period	Minimum of INR 3000 with multiples of INR 1000
3.8	Accidental Medical OPD	OPD expenses in case of accident	Yes / No	Not Applicable	INR_____	Minimum of INR 3000 with multiples of INR 1000
4	Legal Assistance Cover (Optional)					
4.1	Legal Advisor	Legal Consultation in case of Accident			Not Applicable	Not Applicable
4.2	Legal Expenses – Third Party	Legal expenses for criminal case on Owner/ Driver during and Accident	Yes / No	Not Applicable		Minimum of INR 5000 with multiples of INR 5000
4.3	Legal Expenses – Theft Recovery	Legal Expenses related to Theft vehicle recovery			INR_____	
4.4	Legal Expenses – Bail Bond Recovery	Legal expenses related bail bond and other litigation expenses				
5	Flood Assistance (Optional)					
5.1	Vehicle Transportation	Retrieval and transportation of the vehicle to garage	Yes / No	_____ km	Not Applicable	Minimum of 25 km with multiples of 5 km
5.2	Drying and Cleaning services	Drying services and interior cleaning following a flood			INR_____	Minimum of INR 3000 with multiples of INR 1000
6	Value Added Services (Optional)					
6.1	Reminder and Advisory	Reminders for various documentation like P.U.C., Driving License, Services etc			Not Applicable	Not Applicable
6.2	Loss of documents	Cost of Obtaining Duplicate documents			INR____, Maximum 1 claim in a policy period	Minimum of INR 1000 with multiples of INR 500
6.3	Chauffer on Demand	Chauffer services			Not Applicable	Not Applicable
6.4	Continuation/Return Journey - Taxi Support	Continuation/Return Journey - Taxi	Yes / No	Outside of 20 kms	INR_____	Minimum of INR 1000 with multiples of INR 1000
6.5	Hotel Accommodation	Hotel Stay expenses during vehicle repair if repair exceeds 48 hours		Outside of 250 kms	INR_____	Minimum of INR 1000 with multiples of INR 1000
6.6	Arrangement of Pick Up and Delivery of Vehicle	Expenses of Pick Up and Delivery of vehicle from the garage to home			Not Applicable	Not Applicable
6.7	Concierge Service	Concierge assistance			____ incidences in a Policy Period	Not Applicable
7	Preventive Care Services (Optional)		Yes / No	Not Applicable	As specified in annexure	Not Applicable



8	Travel Assistance Services (Optional)					
8.1	Missed travel cover	Reimbursement of Non-refundable ticket cost				
8.2	Missed Event Cover	Reimbursement of Non-refundable ticket cost	Yes / No	Not applicable	INR _____ incidences in a Policy Period	Minimum of INR 1000 with multiples of INR 1000
8.3	Physical Wallet Assure	Reimbursement for physical wallet lost due to accident				
9	Payment Card Protection		Yes / No	Not applicable	INR _____ per incidence	Minimum of INR 1000 with multiples of INR 1000
10	Service Guarantee (Built-in)		Available		INR _____ per incidence	Not Applicable

Note: The Short Description is indicative and provided only for reference. Please refer to the entire Policy Wording for detailed Terms and Conditions of Coverage.

Annexure - II Summary of Preventive Care Service

Services	Diagnosis	Limit	TW (ICE&EV)
Wheel Care	Wheel Balancing & Alignment	Once in a year	✓
	Tread Wear Check	Once in a year	✓
Brake Assistance Service	Brake Disc Checking	Once in a year	✓
	Drum Checking	Once in a year	✓
	ABS Assembly check	Once in a year	✓
Heavy Check – (Electricals/Sensors)	Sensors check	Once in a year	✓
	Wiring Check	Once in a year	✓
	Light Check (Rear, Front, Right and Left indicator & Hazard Light) Check	Once in a year	✓
EV Essentials	Battery/BMS Health Check	Once in a year	✓
	EV Motor Check	Once in a year	✓
Additional Services	Valve Clearance	Once in a year	✓
	Evaporative emission control	Once in a year	✓
	Side Stand (Parking Stand to check if the same is correct or not)	Once in a year	✓
	Nut, Bolt & Fastner Check	Once in a year	✓



Annexure - III Self Declaration for Name and Address Mismatch

Self Declaration Form

Date _____

To, IndusInd General Insurance Company Limited,

Address _____

I Mr./Mrs./Ms. _____, state and declare that my name has been misspelt as _____ in _____
_____ although my name is _____ however the same is incorrectly mentioned as
_____ in the _____. I hereby agree and confirm that what is stated above is true and correct information.

Signature of the Applicant Name Address

IndusInd Two Wheeler Package Policy UIN IRDAN103RP0011V02100001, Nil Depreciation UIN IRDAN103RP0011V02100001/A0004V02200910, Consumable Expense UIN IRDAN103RP0011V02100001/A0002V01202122, Daily Allowance Benefit Plus UIN IRDAN103RP0011V02100001/A0011V02201415, EMI Protect Cover UIN IRDAN103RP0011V02100001/A0007V02201415, Helmet Cover UIN IRDAN103RP0011V02100001/A0033V02200910, Engine Protect UIN IRDAN103RP0011V02100001/A0007V02201415, Hospital Cash UIN IRDAN103RP0011V02100001/A0001V01202021, Return to Invoice UIN IRDAN103RP0011V02100001/A0001V01202223, NCB Retention UIN IRDAN103RP0011V02100001/A0013V01200910, Key Protect UIN IRDAN103RP0011V02100001/A0042V01202425, Tyre Protect UIN IRDAN103RP0011V02100001/A0044V01202425, Rim Protect UIN IRDAN103RP0011V02100001/A0043V01202425, Voluntary Deductible UIN IRDAN103RP0011V02100001/A0023V01200910, Electric Vehicle Battery Protection Cover UIN IRDAN103RP0011V02100001/A0072V01202223, Electric Vehicle Motor Protect UIN IRDAN103RP0011V02100001/A0073V01202223, Electric Vehicle Charger Cover UIN IRDAN103RP0011V02100001/A0074V01202223, Assistance Cover UIN IRDAN103RP0011V02100001/A0061V01202223, Limit Sure Pay As You Drive UIN IRDAN103RP0011V02100001/XXXXX. Tyre Protector Addon Cover UIN - IRDAN103RP0011V02100001/A0044V01202425. Rim Protector Addon Cover UIN - IRDAN103RP0011V02100001/A0043V01202425. Limit Sure - Pay as you Drive for IndusInd Two Wheeler Package Policy - UIN: IRDAN103RP0011V02100001/A0004V01202526

